

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Bureau of Health Workforce
Division of Nursing and Public Health

Advanced Nursing Education Program

Announcement Type: Initial: New
Funding Opportunity Number: HRSA-15-046

Catalog of Federal Domestic Assistance (CFDA) No. 93.247

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2015

Application Due Date: February 13, 2015

Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.

Release Date: December 3, 2014
Issuance Date: December 3, 2014

Nancy Douglas-Kersellius
Nurse Consultant
Email: ndouglas@hrsa.gov
Telephone: 301-443-0907
Fax: 301-443-0791

Serina Hunter-Thomas
Nurse Consultant
Email: shunter-thomas@hrsa.gov
Telephone: 301-443-4499
Fax: 301-443-0791

Authority: Public Health Service Act, Title VIII, Section 811(a)(1), and Section 811(f), (42 U.S.C. 296j(a)(1))

EXECUTIVE SUMMARY

The Health Resources and Services Administration, Bureau of Health Workforce is accepting applications for the fiscal year (FY) 2015 Advanced Nursing Education (ANE) Program. Section 811(a)(1) of the Public Health Service Act (PHS) authorizes funding for projects that support the enhancement of advanced nursing education and practice and Section 811(f) states the Secretary shall prescribe guidelines as appropriate for other advanced nurse education programs eligible for support under this section. ANE anticipates supporting projects that develop and test innovative academic-practice partnership models for clinical training within graduate nursing education programs that prepare graduate nursing students to provide safe, quality care within the complex practice-based environment of the nation's evolving healthcare system. Awardees will create innovative partnerships or enhance existing partnerships between academic institutions and rural or underserved clinical practice sites to improve the quality of clinical sites and preceptors, improve preceptor training, and promote students' readiness to practice upon graduation. Awardees will also use on-going, iterative quality improvement and outcomes evaluation methods to test and improve the effectiveness of the clinical training models.

Funding Opportunity Title:	Advanced Nursing Education Program
Funding Opportunity Number:	HRSA-15-046
Due Date for Applications:	February 13, 2015
Anticipated Total Annual Available Funding:	\$12.3 million
Estimated Number and Type of Awards:	Up to 17 grant awards
Estimated Award Amount:	Up to \$700,000 per year
Cost Sharing/Match Required:	No
Project Period:	July 1, 2015 through June 30, 2018 (3 years)
Eligible Applicants:	Eligible applicants are schools of nursing, nursing centers, academic health centers, State or local governments, non-profit health care facilities and other public or private nonprofit entities determined appropriate by the Secretary of the U.S. Department of Health and Human Services. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#), available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

A technical assistance webinar has been scheduled to help applicants understand, prepare and submit an application. The webinar is scheduled for:

Thursday, December 11, 2014 from 2:00 pm to 4:00 pm ET

Adobe Connect link: <https://hrsa.connectsolutions.com/anefoata2015/>

Conference call dial-in Information:

Telephone number: 800-619-8525

Passcode: 9104951

The webinar will be recorded and should be available one hour after the call ends. The recording will be available until Feb. 13, 2015 at 10:59 pm central time.

Recording telephone number: 888-568-0399

Passcode: 4115

Table of Contents

I. FUNDING OPPORTUNITY DESCRIPTION	1
1. PURPOSE	1
2. BACKGROUND	2
II. AWARD INFORMATION	4
1. TYPE OF APPLICATION AND AWARD	4
2. SUMMARY OF FUNDING	4
III. ELIGIBILITY INFORMATION.....	5
1. ELIGIBLE APPLICANTS	5
2. COST SHARING/MATCHING	6
3. DUN AND BRADSTREET UNIVERSAL NUMBERING SYSTEM NUMBER AND SYSTEM FOR AWARD MANAGEMENT (FORMERLY, CENTRAL CONTRACTOR REGISTRATION)	6
4. OTHER	6
IV. APPLICATION AND SUBMISSION INFORMATION	7
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	7
2. CONTENT AND FORM OF APPLICATION SUBMISSION.....	7
i. <i>Project Abstract</i>	8
ii. <i>Project Narrative</i>	8
iii. <i>Budget</i>	13
iv. <i>Budget Justification Narrative</i>	13
v. <i>Attachments</i>	14
3. SUBMISSION DATE AND TIMES.....	19
4. INTERGOVERNMENTAL REVIEW.....	20
5. FUNDING RESTRICTIONS	20
V. APPLICATION REVIEW INFORMATION.....	20
1. REVIEW CRITERIA	20
3. REVIEW AND SELECTION PROCESS	24
4. ANTICIPATED ANNOUNCEMENT AND AWARD DATES	26
VI. AWARD ADMINISTRATION INFORMATION.....	26
1. AWARD NOTICES	26
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	26
3. REPORTING	26
VII. AGENCY CONTACTS	28
VIII. OTHER INFORMATION.....	30
IX. TIPS FOR WRITING A STRONG APPLICATION.....	39

I. Funding Opportunity Description

1. Purpose

This announcement solicits applications from eligible applicants for projects to support the enhancement of Advanced Nursing Education and Practice. It is anticipated that projects will develop and test innovative academic-practice partnership models for clinical training within the graduate nursing education programs that prepare graduate nursing students to provide safe, quality care within the complex practice-based environment of the nation's evolving healthcare system. Awardees will create one or more innovative partnerships between academic institutions and rural or underserved clinical practice sites to improve the quality of clinical sites and preceptors, improve preceptor training and promote students' readiness to practice upon graduation. Awardees will also use on-going, iterative quality improvement and outcomes evaluation methods to test and improve the effectiveness of the clinical training models.

For the purposes of this announcement, the term "advanced education nurses" means individuals trained in advanced degree programs including individuals in combined R.N./Master's degree programs, post-nursing master's certificate programs, or, in the case of nurse midwives, in certificate programs in existence on the date that is one day prior to November 13, 1998, to serve as nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists, nurse educators, nurse administrators, or public health nurses, or in other nurse specialties determined by the Secretary to require advanced education (Sec. 811(b) of the PHS Act, 42 U.S.C. § 296j(b)).

Program Requirements

ANE grantees will implement develop and test new and innovative academic-practice partnership strategies and models of preparing graduate nursing students to address the current and evolving needs of the healthcare system and the practice-based environment. Creating changes in the academic environment requires a concerted effort among all stakeholders. Graduate nursing students must be educated about and precepted in new models of health care delivery and be able to provide health care to minority, underserved, and rural populations. To achieve this grantees are expected to meet the following program requirements:

- The application must include the following:
 - A detailed description of the innovative academic-practice partnership model.
 - Establishment of at least one or more innovative **NEW** partnerships or **enhancement** of an existing partnership between academic institutions and rural or underserved clinical practice sites.
 - A detailed timeline for the establishment of the new partnership(s) or enhancement of an existing partnership(s) and details of the formal partnership arrangement(s).
 - A plan for placement of students in the clinical partner site(s) by January 31, 2016.
- The proposed innovative academic-practice model must include:
 - Formal mechanisms for feedback and evaluation between the clinical practice sites and the academic institution to inform program development and curricular enhancements;

- Factors that augment preceptor quality and improve the outcomes of student's clinical experiences;
 - Use of existing evidence-based tools and methods to measure preceptor competencies (i.e., knowledge, skills and ability to be preceptors);
 - Use of existing evidence-based tools and methods to measure student clinical competencies;
 - A rapid cycle quality improvement strategy to test the effectiveness of the clinical training model and plan for ongoing feedback;
 - Evidence and competency-based assessments and clinical evaluation tools to assess student performance and student readiness to practice; and
 - Incentives to recruit, engage, and train preceptors (for example, faculty appointments at the academic institution, and educational and/or professional development opportunities).
- Applicants must demonstrate that the clinical practice sites are incorporating new models of health delivery that deliver team-based care, such as Patient Centered Medical Homes (PCMH), Accountable Care Organizations (ACO), or other innovative payment and service delivery models, as well as addressing the broad range of social determinants that influence health and health outcomes.
 - The academic-clinical partnerships must provide education and training for graduate nursing students and clinical preceptors within the complex practice environment of rural and underserved clinics.

Grantees will be expected to use funds for the following activities:

- (1) Develop, coordinate and maintain at least one or more formalized partnerships between clinical training sites and academic institution(s);
- (2) Develop and implement clinical field placements focused on serving rural and/or underserved populations;
- (3) Recruit, engage and train faculty to serve as preceptors to provide oversight and guidance to students, (funds cannot be used for direct payment to preceptors and clinical sites);
- (4) Implement existing evidence based tools to measure student and preceptor competencies;
- (5) Support curricular enhancements specific to clinical competencies; and
- (6) Implement rapid cycle quality improvement strategies to evaluate the innovated clinical training mode.

Funding Factors

If requesting one of the statutory funding preferences, applicants **must** meet the requirements of the funding preference as outlined in Section V.2. Review and Selection Process. This request should be submitted as Attachment 11.

2. Background

This program is authorized by Section 811(a)(1) of the Public Health Service Act.

Readiness to Practice

Registered Nurses prepared at the graduate education level (APRNs, nurse educators, nurse administrators, public health nurses, etc.) significantly contribute to the quality and safety of the educational and healthcare delivery systems as either primary care providers, or those who support primary care.

Preparing graduate nursing students to be practice-ready immediately after completing their degree programs can be a challenge for a number of reasons, including but not limited to:

- Competition for clinical sites among schools of nursing and other health professions is compounded by the lack of access to an adequate supply of available and qualified clinical preceptors at the designated clinical training sites (Clabo, 2014).
- Schools of Nursing report shortages of clinical practice sites and lack of doctorally prepared faculty as major inhibitors to admitting students into APRN programs (Clabo, 2014).
- Current methods for educating nurses, using the traditional one-to-one preceptor/student NP model relies on uncompensated clinical personnel.

As a consequence of these challenges, new and innovative strategies and models are needed to prepare graduate nursing students to address the current and evolving needs of the healthcare system and the practice-based environment. Changes in the academic environment require a concerted effort among all stakeholders. Establishing formal partnerships between academic institutions and clinical sites will allow for co-design of the clinical experience so that practice influences didactic training and vice versa.

Improving Diversity within Health Professions

Applicants should be committed to increasing diversity in health professions training programs and the health workforce. This commitment extends to ensuring that the workforce reflects the diversity of the nation. Training programs should develop the competencies and skills needed for intercultural understanding and expand cultural fluency, recognizing that bringing people of diverse backgrounds and experiences together facilitates innovative and strategic practices that enhance the health of all people.

Program Definitions

A full listing of definitions of key terms relevant to this announcement can be found in Section VIII. Other Information. However, some helpful terms and their definitions related to this funding announcement are noted below:

Academic-clinical partnerships – strategic relationships between educational and clinical practice settings established to advance their mutual interests related to practice, education and research¹.

¹ Beal, Judy. 2012. Academic-Service partnerships in Nursing: An integrative review. *Nursing Research and Practice*.

Advanced Practice Registered Nurse (APRN) – are defined as Nurse Practitioner, Clinical Nurse Specialist and Nurse Anesthetist, and Certified Nurse Midwifery programs that prepare the student to provide direct patient care as a Family Nurse Practitioner, Adult-Gerontology Primary Care Nurse Practitioner, Pediatric Primary Care Nurse Practitioner, Psychiatric Mental Health Nurse Practitioner, Neonatal Nurse Practitioner, Women's Health Care Nurse Practitioner, Nurse Midwife, or Nurse Anesthetist, and Advanced Public/Community Health Nursing programs (https://www.ncsbn.org/Consensus_Model_for_APRN_Regulation_July_2008.pdf).

Accountable Care Organizations (ACO) – are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to their patients. The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors (<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ACO/>).

Rapid Cycle Improvement – is a "quality improvement method that identifies, implements and measures changes made to improve a process or a system."¹ Rapid-cycle improvement implies that changes are made and tested over periods of three months or less, rather than the standard eight to twelve months. One commonly used rapid-cycle improvement strategy is the Plan-Do-Study-Act (PDSA) cycle a four-stage rapid-cycle quality improvement strategy (<http://www.healthit.gov/providers-professionals/faqs/how-do-i-use-rapid-cycle-improvement-strategy>).

Patient Centered Medical Home (PCMH) – defines a medical home not simply as a place but as a model of the organization of primary care that delivers the core functions of primary health care. The medical home encompasses five functions and attributes: comprehensive care, patient-centered, coordinated care, accessible services and quality and safety (<http://pcmh.ahrq.gov/page/defining-pcmh>).

II. Award Information

1. Type of Application and Award

Type of Application sought: New

Funding will be provided in the form of a grant.

2. Summary of Funding

Contingent on appropriations, this program will provide funding during Federal fiscal years 2015 - 2017. Approximately \$12.3 million is expected to be available annually to fund approximately 17 awardees. The actual amount available will not be determined until enactment of the final FY 2015 Federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. Applicants may apply for a ceiling amount of up to \$700,000 per year. The project period is three (3) years, from July 1, 2015 through June 30, 2018. Funding beyond the first year is dependent on the availability of appropriated funds for the ANE program in subsequent fiscal years, awardee satisfactory

performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are schools of nursing, nursing centers, academic health centers, State or local governments, non-profit health care facilities and other public or private nonprofit entities determined to be appropriate by the Secretary.

In addition to the 50 States, only the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau are eligible to apply under this funding opportunity announcement. Federally recognized Indian Tribal Government and Native American Organizations may apply if they are otherwise eligible.

Schools of Nursing

Schools of nursing must be accredited by a national nurse education accrediting agency recognized by the Secretary of the U.S. Department of Education. For FY 2015, these agencies are the Commission on Collegiate Nursing Education (CCNE), the Accreditation Commission for Education in Nursing (ACEN), the Accreditation Commission on Midwifery Education of the American College of Nurse-Midwives (ACME), and the Council on Accreditation (COA) of Nurse Anesthesia Programs of the American Association of Nurse Anesthetists. This information should be clearly documented in **Attachment 3** and submitted with this application. See *Section IV. Attachments* for additional information.

New Nursing Programs

A new graduate program of nursing that, by reason of an insufficient period of operation, is not, at the time of the submission of an application under this title, eligible for accreditation by such a recognized nursing accrediting agency, shall be deemed accredited for the purposes of this title if certain conditions are met. See *Section IV. Attachments* for additional information to include in **Attachment 3**.

Substantive Change Notification

Accredited nursing programs that modify (for example, a change to a BSN-DNP program) or add nursing specialties (for example, Psych Mental Health NP program) that require substantive change notification to the national nursing accrediting body, must include documentation of such approval of the change in the application as **Attachment 3**.

Clinical Facilities Accreditation

To ensure that healthcare facilities are organizations dedicated to ongoing and continuous compliance with the highest standard of quality requires accreditation. Non-profit health care facilities responding to this funding opportunity announcement must provide documentation of accreditation by a national accrediting agency, such as from Joint Commission. This information should be clearly documented in **Attachment 3**.

Participating Students

Participating students must be U.S. Citizens, non-citizen nationals, or foreign nationals who possess visas permitting permanent residence in the United States. Individuals on temporary student visas are not eligible under this funding opportunity.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Dun and Bradstreet Universal Numbering System Number and System for Award Management (formerly, Central Contractor Registration)

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Applicant must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or Federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If an applicant/awardee organization has already completed Grants.gov registration for HRSA or another Federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [*SF-424 Application Guide*](#).

Applicants that fail to allow ample time to complete registration with SAM or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Other

Any application that fails to satisfy the deadline requirements referenced in Section IV.3 will be considered non-responsive and will not be considered for funding under this announcement.

Applications that fail to include the required accreditation documentation will be considered non-responsive and will not be considered for funding under this announcement.

Applications that exceed the ceiling amount of \$700,000 per year will be considered non-responsive and will not be considered for funding under this announcement.

Maintenance of Effort: The awardee must agree to maintain non-Federal funding for award activities at a level that is not less than expenditures for such activities during the fiscal year prior to receiving the award. Complete the Maintenance of Effort document and submit as **Attachment 10**.

NOTE: Multiple applications from an organization are not allowable. Eligible applicants can submit **only one application** per campus; multiple applications from a single campus are not allowable. A campus is defined as a division of a university that has its own grounds, buildings (e.g., school of nursing) and faculty.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this funding opportunity following the directions provided at [Grants.gov](https://www.grants.gov).

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the funding opportunity announcement to do otherwise.

See Section 8.5 of the [SF-424 Application Guide](#) for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of 65 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this announcement.

Program-specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following.

i. *Project Abstract*

See Section 4.1.ix of HRSA's [*SF-424 Application Guide*](#).

In addition to the instructions provided in the guide, please include the following:

1. A brief overview of the project as a whole (including educational degree, nursing role/specialty, academic-clinical partnership/collaboration involved) ;
2. Specific, measurable objectives that the project will accomplish;
3. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why and how" of a project;
4. Statement requesting the statutory funding preference (if applicable); refer to Section V: Review and Selection Process.

Do not include personal identifying information in the abstract.

ii. *Project Narrative*

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Project Narrative:

- *PURPOSE AND NEED – Corresponds to Section V's Review Criterion #1*

Purpose

Provide a brief statement of the purpose of the proposed project.

Need

This section should help reviewers understand the organization that would receive funding for training, as well as the needs of the community that the trainees will ultimately serve. The targeted nursing specialty and its clinical training needs must be described and documented in this section. To the extent necessary, include a discussion of the targeted population served by this segment of the nursing workforce, as well as the socio-cultural determinants of health and health care disparities impacting the population or communities served and/or unmet. Data should be used and cited whenever possible to support the information provided.

As appropriate, this section should include but is not limited to a discussion of:

- local, regional and national needs that are aligned with the statutory purpose of the program;
- the need for diversity within the application-relevant workforce and within the student body and among the faculty of the program supporting the proposed project;
- the demographics of the population(s) to be served and the socio-cultural determinants of health and health disparities that affect this population.
- the needs related to the nursing and primary care workforce in the local community;
- the targeted population being served by the nursing workforce as well as the socio-cultural determinants of health and health care disparities impacting the population or community(s) being served.
- the type of clinical experiences (training) needed and the number of hours required and how the proposed project will address this need including potential barriers;

- the present relationship that exists between the academic institution and clinical sites, including the number and type of clinical practice sites being used;
 - the clinical sites and preceptors, and the needs that this project will address in the community;
 - how preceptors are presently recruited, oriented and evaluated to the academic program;
 - the preceptor to graduate nursing student ratio;
 - the methods and tools currently used to evaluate student clinical progression;
 - training activities focused on prevention, clinical intervention and treatment for rural and underserved populations.
 - the results of the needs assessment conducted, or the gap analysis;
- *RESPONSE TO PROGRAM PURPOSE – This section includes 3 subsections: a) Workplan; b) Methodology; and c) Resolution of Challenges – all of which correspond to Section V’s Review Criteria #2 (a), (b) and (c).*
- *(a) WORKPLAN -- Corresponds to Section V’s Review Criteria #2(a)*

Describe in detail the actions that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all project activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.

The work plan should include:

- Goals of the project (including objectives and sub-objectives);
- Responsibility of entity/entities (e.g., key staff and partners);
- Activities;
- Deliverables and/or products; and
- Proposed Outcomes

The applicant should clearly explain how the proposed objectives and sub-objectives will be implemented. State objectives and sub-objectives that are specific, measurable, achievable, realistic and time-framed. The objectives should address a plan and strategy for:

- Establishing at least one or more innovative NEW partnerships or enhancement of an existing partnership between academic institutions and rural or underserved clinical practice sites between the academic program and a clinical practice site that serves rural and/or underserved populations. Describe a plan for how this will be accomplished for distance education programs, if applicable.
- A detailed timeline for the establishment of the partnership(s) and details of the formal partnership arrangement(s), including copies of dated and signed contracts or letters of agreement.
- How the academic-clinical partnership(s)/collaboration will work together to integrate experiential and didactic training, including any incorporation of established and/or planned linkages with relevant educational and health care entities and interdisciplinary educational programs;
- How feedback and evaluation between the clinical practice site and the academic

- institution will take place;
- Recruitment, orientation, ongoing engagement, evaluation and retention of clinical preceptors at the newly established academic-clinical partnership(s)/collaboration
- Identifying factors that augment preceptor quality to improve the outcomes of precepted clinical experiences.
- How students will be selected/placed in the clinical practice site
- Increasing the number of students having clinical experiences in the newly established or enhance clinical site(s);
- Ensuring that students are actively having clinical experiences in the newly established or enhanced clinical site(s) by January 31, 2016;
- How students will be monitored to ensure they have the clinical experience and number of hours needed for their specific specialty;
- How rapid cycle quality improvement strategies will be implemented to test the effectiveness of the academic-clinical training model;
- How evidence-based tools and methods will be implemented to assess clinical preceptor competencies;
- How evidence-based competency based assessment will be utilized to assess student performance and readiness to practice;
- Increasing the diversity of students and clinical preceptors involved in the proposed project (those from underrepresented minorities);
- Dissemination of project outcome and/or outputs;

Applicants must also submit a logic model for designing and managing their project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this announcement the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
 - Assumptions (e.g., evidence to support how the program will work and is supporting resources. Assumptions should be based on research, best practices, and experience.)
 - Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
 - Target population (e.g., the individuals to be served);
 - Activities (e.g., approach, listing key intervention, targets, if applicable);
 - Outputs (i.e., process outcome such as the direct products or deliverables of program activities); and
 - Outcomes (i.e., the results of a program, typically describing systems).
- *(b) METHODOLOGY – Corresponds to Section V’s Review Criterion #2(b)*
Propose methods that will be used to address the stated needs and encompass each of the previously described program requirements and expectations in this funding opportunity announcement. As appropriate, include a description of how effective tools and strategies will be developed for meeting the stated needs.

- (c) *RESOLUTION OF CHALLENGES – Corresponds to Section V's Review Criterion #2(c)*
Discuss challenges that are likely to be encountered in designing and implementing the activities described in your proposal and approaches that will be used to resolve such challenges.

In this section, provide information including, but not limited to:

- Challenges that may be encountered in implementing and achieving the proposed objectives.
 - Barriers to obtaining a diverse student/faculty population.
 - Obstacles for implementing the program performance evaluation.
 - Resources and plans to resolve and overcome these challenges and obstacles.
- *IMPACT – This section includes 2 sub-sections – (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability – both of which correspond to Section V's Review Criteria #3 (a) and (b).*
 - (a) *EVALUATION AND TECHNICAL SUPPORT CAPACITY – Corresponds to Section V's Review Criterion #3(a)*

Applicants must describe the plan for a program performance evaluation. This plan should monitor ongoing processes and progress toward meeting goals and objectives. It should also include a description of the rapid cycle quality improvement method(s) that will inform on-going quality improvement and evaluation. The evaluation plan should include descriptions of the inputs (e.g., key evaluation of staff, organizational support, collaborative partners, budget, and other resources), key processes, variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported.

The evaluation plan must show that the evaluative measures selected will be able to assess:

- 1) the extent to which the program objectives have been met, and
- 2) the extent to which these can be attributed to the project.

Applicants must describe the systems and processes that will support the organization's semi-annual collection of HRSA's performance measurement requirements (i.e., those required by HRSA – see Section IV Award Administration Information, #3 Reporting.). This includes a description of how the organization will effectively track performance outcomes, including how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes to HRSA. Applicants must describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements, and how those obstacles will be addressed. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

At the following link, you will find the required data forms for this program:

<http://bhw.hrsa.gov/grants/reporting/index.html>. All grantees are required to collect and report the counts of individuals who have been directly and indirectly impacted by the grant

including, but not limited to, counts of currently enrolled individuals or participants, graduates/completers, and attrition; the gender, age, race, and ethnicity of all individuals; the disadvantaged background status of all individuals; and the rural residential background of all individuals. Additional information is expected when an individual receives direct financial support from the grant. Counts of individuals as well as their profession/discipline are required when individuals have participated in HRSA-sponsored curriculum, clinical or experiential training, faculty development, and/or continuing education as part of the grant. Applicants must describe their capacity to collect and report data such as, but not limited to the following on a semi-annual basis:

- The number and types of clinical sites
- The number and characteristics of preceptors
- The number and characteristics of students
- The number of graduates that work in rural/underserved areas
- The type of training program
- The education level of the training program

■ *(b) PROJECT SUSTAINABILITY – Corresponds to Section V’s Review Criterion #3(b)*

The applicant must include plans for sustainability after the period of federal funding ends, by providing specific information that describes the extent and means by which the program plans to become autonomous within a defined period of time. The documentation should specify strategies to obtain future sources of potential income, as well as specify strategies and a timetable for becoming self-sufficient. Include as well a description of barriers to be overcome in order to become self-sufficient.

■ *ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES – Corresponds to Section V’s Review Criterion #4*

Provide information on the applicant organization’s current mission and structure, organizational chart, and scope of current activities. Describe how all of these contribute to the ability of the organization to conduct the program requirements and meet program expectations. Describe how the unique needs of target populations of the communities served are routinely assessed and improved. Please provide the following information as indicated below:

- a) **Project Director Qualification:** The Project Director for the proposed project should be a Registered Nurse with demonstrated competence (e.g., publications, funded research) in the specialty with appropriate academic preparation, clinical expertise and experience as an educator. It is preferred that Project Directors be employed by the applicant, and be nationally certified and doctorally prepared. **NOTE:** there may only be one Project Director for the ANE project.
- b) **Current Preceptor Pool:** Provide a list of the current clinical preceptor pool utilized along with their credentials and specialty.
- c) **Consultant(s):** In **Attachment 8**, provide the qualifications and nature/scope of the work to be provided by each consultant that has agreed to serve on the project. Include a biographical sketch (no more than 2 pages) for each consultant; include as Attachment 9. If consultant(s) are required but not yet identified, describe the vacant consultant position(s) by area of expertise, and the scope of work, for at least the first project year, and provide a rationale for this need.

- d) **Capabilities of the Applicant Organization:** Provide a summary of the capacity of the organization to carry out the project.
 - e) **Institutional Resources:** Describe available institutional resources, including teaching facilities, clinical resources, libraries, computer resources and other resources appropriate to effectively implement the proposed project.
 - f) **Description of Clinical Training Sites:** Describe the clinical training sites that currently exist, including the type of clinical departments, number of preceptors, population served
 - g) **Community Support:** Describe any community support or other resources involved in the proposed project, as applicable. Include significant letters of support via **Attachment 6**. Letters of support can be grouped and listed, with significant comments, if there is not space for the complete letter.
 - h) **Linkages:** Describe established and/or planned linkages with relevant educational and health care entities and interdisciplinary educational programs.
- *PROGRAM-SPECIFIC – Corresponds to Section V’s Review Criterion #6*

Applicant will need to demonstrate how enrollment will be ongoing for all three years of the program, and that students will be enrolled in the proposed specialty/track as well as involved in clinical training by January 31, 2016 (the spring semester after receiving the notice of award. In describing the clinical training, the applicant should demonstrate that the academic-clinical partnership(s) will collaborate to develop evidence-based models of integrated, team-based care, such as Patient-Centered Medical Homes, Accountable Care Organizations or other innovative payment and service delivery models that address the broad range of social determinants that influence health and health outcomes. The applicant should include the following:

- A plan for how the applicant organization will work with the project partner(s) to integrate didactic and clinical competencies and training.

iii. *Budget*

Please complete the Budget and Budget Justification Narrative, as directed below in section iv.

iv. *Budget Justification Narrative*

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct and indirect costs) incurred by the recipient to carry out a grant-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement.

The Consolidated Appropriations Act, 2014, Division H, § 203, (P.L. 113-76) states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations will apply in FY 2015, as required by law.

See Section 4.1.iv of HRSA’s [SF-424 Application Guide](#). In addition, the Advanced Nursing Education program requires the following, which corresponds to Section V’s Review Criterion #5:

Consultant Services: If applicable, list the total costs for all consultant services. In the budget justification, identify each consultant, the services he/she will perform, total number of days, travel costs, and total estimated costs.

Subawards/Consortium/Contractual Costs: As applicable, provide a clear explanation as to the purpose of each subaward/contract, how the costs were estimated, and the specific contract deliverables. Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in SAM and provide the recipient with their DUNS number.

If funding is proposed for one or more of the following activities, please ensure that justification is provided in this section:

- Develop, coordinate and maintain a formalized partnership(s) between clinical training sites and academic institution(s);
- Develop and implement clinical field placements focused on serving rural and/or underserved populations;
- Recruit faculty to serve as preceptors to provide oversight and guidance to students, (funds cannot be used for direct payment to preceptors and clinical sites);
- Support curricular enhancements specific to clinical competencies; and
- Implement rapid cycle quality improvement strategies to evaluate the innovated clinical training mode.

v. Attachments

Please provide the following items in the order specified below to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.** Please ensure that each attachment is actually uploaded and submitted with your application. The required attachments include:

Attachment 1: Project Specific ANE Program Information – Required; counted in the page limit.

Enter the project title, educational level, advanced education nursing role, nursing specialty and population foci/ the specialty emphasis area along with the projected student enrollment numbers for each project year.

Include the following information: educational level, nursing role, nursing specialty and any emphasis area for the proposed project, and student enrollment as well as the number of students (continuing and graduates) who will be receiving training in clinical practice sites (sample format below).

Degree: MSN:

Specialty: Psychiatric Mental Health NP (PMHNP)

Population foci: Adult

Year 1: Sept 2015	15 new (10FT, 5PT); 10 continuing (10 FT); 0 graduates
Year 2: Sept 2016	20 new (20FT); 15 continuing (10FT, 5PT); 10 graduates (10FT)
Year 3: Sept 2017	25 new (20FT, 5PT); 20 continuing (20FT); 15 graduates (10FT, 5PT)

Number of PMHNP students in clinical training

Year 1: Sept 2015 0 new; 10 continuing

Year 2: Sept 2016 0 new; 25 (continuing and proposed graduates)

Year 3: Sept 2017 0 new; 35 (continuing and proposed graduates)

Attachment 2: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project specific) – As applicable; counted in the page limit.

Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable(s). Letters of agreement and memorandums of understanding must be dated and signed.

Attachment 3: School of Nursing Accreditation Documentation and/or Clinical Accreditation – Required; counted in the page limit.

All nursing programs that are associated with the project and conferring degrees must be accredited for the purpose of nursing education. An official letter of accreditation from the appropriate national nurse education accrediting agency must be submitted with the application. No other forms of accreditation documentation (e.g., certificate of accreditation) will be accepted. The letter must be signed and dated by the accrediting agency. Where applicable, applicants must provide information for provisional accreditation or re-accreditation status.

Specifically, a program will be deemed accredited if the Secretary of Education finds, after consultation with the appropriate recognized accrediting agency, that there is reasonable assurance that the program will be able to meet the appropriate accreditation standards and achieve accreditation by the beginning of the academic year following the graduation date of students of the first entering class in the program. Doctoral degree programs in nursing (PhD/DNSc, DNP) must have appropriate approvals recognized by the institutional boards/committees, regional associations of higher education accreditation, e.g., Southern Association of Colleges and Schools (SACS), Western Association of Schools and Colleges (WASC), Northwest Commission on Colleges and Universities (NWCCU), North Central Association of Colleges and Schools; Higher Learning Commission (NCA-HLC) and, if applicable, national accrediting agencies for the purpose of nursing education. Nurse Anesthetist program applicants must include accreditation from COA for both master's and doctoral level programs.

Accreditation for Newly Established Graduate Program of Nursing: A new graduate program of nursing that, by reason of an insufficient period of operation, is not, at the time of the submission of an application for a grant or contract under this title, eligible for accreditation by such a recognized nursing accrediting agency, shall be deemed accredited for the purposes of this title if certain conditions are met.

The following process must be followed for new nursing programs associated with the proposed project that are just beginning the accreditation process and wish to establish eligibility: The applicant must contact a national nursing accrediting agency recognized by the Secretary of the Department of Education before requesting a reasonable assurance letter from the U.S. Department of Education. The nursing program will need to request a letter from the recognized accrediting agency describing the new program's progression toward accreditation by answering the six questions below:

- 1) Is this program actively pursuing accreditation with the agency?
- 2) What is the date of the program's pending application for accreditation and the date or approximate date when the agency's decision-making body is likely to decide whether to grant or deny accreditation for this program?
- 3) Does the agency accredit any other nursing education programs at this institution and, if so, are those programs in good standing with the agency?
- 4) Currently, what stages of the accreditation process has this program completed, and what stages remain to be completed? Please summarize the kinds of materials already submitted in support of the program's application and reviewed by the agency, as well as any on-site visits that have occurred.
- 5) Based on the agency records, what will be the start date or approximate start date of the program's academic year that immediately follows the expected graduation date for the students comprising the program's first entering class?
- 6) Based on the agency's review of each program to date, is there any reason to believe that the program will be unable to demonstrate compliance with the agency's standards and requirements and gain accreditation by the beginning of the academic year following the normal graduation date of students of the first entering class in such a program? If so, why?

The applicant will submit the request for a letter of assurance, along with attached copies of the letter from the recognized body and any supporting documentation regarding the accreditation or approval of the nursing program, to:

United States Department of Education
Office of Postsecondary Education
Department of Education Organizational Structure and Offices
Accreditation and State Liaison (ASL)
1990 K Street NW, Room 7008
Washington, District of Columbia 20006-8509
Telephone: (202) 219-7011 or 202-219-7018
Fax: (202) 219-7005
Attn: Dr. Nancy C. Regan
Email to:
Nancy.Regan@ed.gov

To allow for processing time, **at least 45 days prior to the HRSA application due date of February 26, 2015** applicants should submit to the Department of Education the above information, with their request for a letter documenting the Secretary's determination that there is "reasonable assurance" the new graduate program will meet the appropriate accreditation standards and achieve accreditation prior to the beginning of the academic year following the graduation date of students of the first entering class in the program.

The program will need to include a contact name(s), address (es), phone number(s), and email addresses with all correspondence sent to the Department of Education.

The Department of Education staff will review the documents submitted by the applicant, make a “reasonable assurance” determination, and send the applicant a letter documenting the Secretary’s determination.

The applicant must include this letter from the Department of Education with the HRSA program application.

Attachment 4: Approval Documentation for New Nursing Programs – As applicable; counted in the page limit.

Applicants must provide documentation of all approvals (as defined in the Definitions section of this funding opportunity announcement) needed to enroll students into a new master’s or doctoral program. This includes approval from the State Board of Nursing, as appropriate. This must be documented by evidence such as copies of meeting minutes, letter from the Faculty Senate, letter from the Board of Regents, letter from the State Finance Board, and/or letter from the State Board of Nursing. Each University/College has a unique process for gaining approval to start new programs, especially new masters and doctoral programs.

Attachment 5: Curriculum-Related Information, Tables, Charts, etc. – Required; counted in the page limit.

Provide information regarding the nursing curriculum that the trainees are enrolled in. Below is an example of how the curriculum information could be provided in this attachment. Describe (identify course(s)) how the curriculum meets the requirements of the proposed funding preference requested, (rural, underserved populations and public health) if applicable (refer to Section I, Program Requirements). Also, applicants **must** include the evidence-based tools that will be utilized to measure preceptor and student competencies.

Nursing Program:

Course Title:

Course Description

- Semester/quarter offered (fall, spring or summer)
- Number of Academic Credit Hours
- Number of Clinical and Didactic Hours (if applicable)

Attachment 6: Administrative and Other Letters of Support – As applicable; counted in the page limit.

Include here any other documents that are relevant to the application, including letters of support. Letters of support **must** be signed and dated. All letters of support are part of the application and must conform to the page limit requirements described in the Content and Form of Application Submission section. Letters of support pertinent to an application submitted after the deadline will not be forwarded to objective review.

A meaningful letter of support states what will be provided to the applicant if the application is funded (such as, dollars, space, staff, equipment, personnel, placement of students for

clinical learning experiences, preceptors, and employment for future graduates). Include relevant letters of agreement/support from the Dean of the School of Nursing, University Officials, Chief Nursing Officers, and Chief Executive Officers and relevant letters from key collaborating organizations, clinical sites, and consultants.

Note: Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) List all other support letters on one page.

Attachment 7: Position Descriptions of Clinical Preceptors and Project Personnel – Required; counted in the page limit.

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed clinical preceptors and project staff.

Attachment 8: Consultants Information – As applicable; counted in the page limit.

Provide the qualifications and nature/scope of the work to be provided by each consultant that has agreed to serve on the project

Attachment 9: Biographical Sketches of Key Personnel – Required; counted in the page limit.

Include biographical sketches for persons occupying the key positions described in Attachment 7, as well as for consultants performing key roles in the project, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 10: Maintenance of Effort Documentation – Required; counted in the page limit

Applicants must provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below:

NON-FEDERAL EXPENDITURES	
<p>FY 2014 (Actual)</p> <p>Actual FY 2014 non-Federal funds, including in-kind, expended for activities proposed in this application.</p> <p>Amount: \$_____</p>	<p>FY 2015 (Estimated)</p> <p>Estimated FY 2015 non-Federal funds, including in-kind, designated for activities proposed in this application.</p> <p>Amount: \$_____</p>

Attachment 11: Funding Preference – As applicable; counted in the page limit.

To receive a funding preference, include a statement that the applicant is eligible for a funding preference and identify the requested preference. Include documentation of this qualification and include data on the number of graduates who completed degree requirements between 7/1/2013 and 6/30/2014 and are employed at clinical sites substantially benefitting rural or underserved populations or in State or local health departments (sample format provided). An example of the request would be evidence that the project has students with clinical experiences in rural/unserved areas and has clinical partners in areas that will substantially benefit rural populations or underserved populations or help meet public health nursing needs in state or local health departments. See Section V.2 Review and Selection Process for additional information regarding the Funding Preference.

Setting	Graduates in Practice Settings	No. of Graduates
Community Health Centers		
Migrant Health Centers		
Health Care for the Homeless		
National Health Service Corps sites		
Indian Health Service Sites/Tribal Health Sites		
Federally Qualified Health Centers		
State or Local Health Departments		
Ambulatory Practice Sites Designated by State Governors		
Health Professional Shortage Areas (HPSAs)		
Rural Populations		
Rural Clinics		
Underserved Populations/Settings		
Total Number of Graduates Employed in these Settings from 7/1/2013 – 6/30/2014		
Total Number of Graduates (from 7/1/2013 to 6/30/2014)		
Percentage of Graduates Employed in these Settings		

Percentage of Graduates Employed in the Practice Settings is determined by Total Number of Graduates employed in these settings divided by the Total Number of Graduates from July 1, 2013 to June 30, 2014.

Attachment 12: Other relevant attachments – As applicable; counted in the page limit.

Include here any other documents that are relevant to the application.

3. Submission Date and Times

Application Due Date

The due date for applications under this funding opportunity announcement is February 13, 2015 at 11:59 P.M. Eastern Time.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's [*SF-424 Application Guide*](#) for additional information.

4. Intergovernmental Review

The Advanced Nursing Education Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$700,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for certain purposes, including but not limited to:

- Student support including tuition, stipends, scholarships, bonuses, student salaries and travel;
- Subsidies or paid release time for project trainees/participants;
- Payment of temporary personnel replacement costs for the time trainees/participants are away from usual worksite during involvement in project activities; and
- Accreditation, credentialing, licensing, continuing education, and franchise fees and expenses; preadmission costs, student books and fees; promotional items and memorabilia; food and drinks; and animal laboratories;
- Construction or renovations
- Purchasing gift cards
- Direct payment to preceptors and clinical site for precepting individual students

The General Provisions in Division H, Title V of the Consolidated Appropriations Act, 2014 (P.L. 113-76), apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2015, as required by law.

All program income generated as a result of awarded funds must be used for approved project-related activities.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review Criteria are used to review and rank applications. The Advanced Nursing Education (ANE) program has six (6) review criteria listed below.

CRITERION 1: PURPOSE AND NEED (10 points) – Corresponds to Section IV’s Purpose and Need

The extent to which the application illustrates the need and addresses the need and associated contributing factors, including the quality of and extent to which the application addresses:

- The local, regional and national needs that are aligned with the statutory purpose of the program;
- The need for diversity within the application-relevant workforce and within the student body and among the faculty of the program supporting the proposed project;
- The demographics of the population(s) to be served and the socio-cultural determinants of health and health disparities that affect this population.
- The needs related to the nursing and primary care workforce in the local community and how the project addresses these needs, well as the socio-cultural determinants of health and health care disparities impacting the population or community(s) being served.
- The type of clinical experiences (training) needed and the number of hours required and how the proposed project will address this need including potential barriers;
- The present relationship that exist between the academic institution and clinical sites, including the number and type of clinical practice sites being used;
- The clinical sites and preceptors, and the needs that this project will address in the community;
- How preceptors are recruited, oriented and evaluated to the academic program;
- The preceptor to graduate nursing student ratio;
- The methods and tools currently used to evaluate student clinical progression;
- How the proposed project will fill the gaps identified through the needs assessment , or the gap analysis;

CRITERION 2: RESPONSE TO PROGRAM PURPOSE (30 points) This section includes 3 subsections: a) Workplan; b) Methodology; and c) Resolution of Challenges - all of which correspond to Section IV’s Response to Program Purpose

Criterion 2(a): WORK PLAN (10 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (a) Work Plan

- a. The extent to which the description includes the timeline, stakeholders, and the cultural, racial, linguistic and geographic diversity of the populations and communities served.
- b. The extent to which the applicant provides a clear, comprehensive and specific set of goals, objectives and sub-objectives and the plan and strategy that will be used to achieve those goals and objectives.
- c. The extent to which the logic model clearly presents the conceptual framework for the proposed project and delineates the goals, assumptions, inputs, target population, activities, outputs and outcomes.

Criterion 2(b): METHODOLOGY (15 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (b) Methodology

- a. The extent to which the applicant understood the requirements and expectations of the program and will address the needs highlighted in the need section.

- b. The extent to which the applicant proposes methods and clearly describes tools and strategies that will adequately address the stated needs, program requirements, and the expectations of this FOA.
- c. The extent to which the applicant provides documentation of establishing at least one or more innovative **new** partnerships or enhancement of an existing partnership between the graduate nursing education program and a clinical practice site serving rural and/or underserved populations.
- d. The extent to which the feasibility and quality of the application:
 - Describes a strategy for recruitment and placement of graduate nursing students in clinical sites that serve rural and underserved populations;
 - Describes the addition or the expansion of clinical placements for graduate nursing students;
 - Describes how clinical preceptors will be recruited, oriented, evaluated and retained;
 - Describes how rapid quality improvement strategies will be implemented to test the effectiveness of clinical training;
 - Describes how the implementation of evidence-based competency-based assessments and clinical evaluations tools will assess student performance and readiness to practice;

Criterion 2 (c): RESOLUTION OF CHALLENGES (5 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (c) Resolution of Challenges

- a. The extent to which the applicant demonstrates an understanding of potential obstacles and challenges during the design and implementation of the project, as well as a plan for dealing with identified contingencies that may arise;
- b. The extent to which the applicant discusses the challenges that may be encountered implementing and achieving the proposed objectives; and
- c. The extent to which the applicant discusses the resources and plans for overcoming the challenges and obstacles.

CRITERION 3: IMPACT (20 points) - This section includes 2 sub-sections — (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability – both of which correspond to Section IV's Impact

Criterion 3 (a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (15 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project. The extent to which the applicant anticipates obstacles to the evaluation and proposes how to address those obstacles.

Specific criteria include:

- The overall quality of the evaluation plan;
- A plan to monitor ongoing processes and progress toward meeting project goals and objectives;
- Use of rapid cycle quality improvement for quality improvement and evaluation;
- The extent to which the evaluation plan includes a description of the inputs, key processes,

- variables to be measured, expected outcomes and how these will be reported;
- The degree to which the proposed evaluation plan specifies a valid data collection strategy and identifies proposed instruments/tools to be used, data sources;
- The quality of the methods and proposed approach for using results and outcomes to inform program development and service delivery;
- The extent to which the applicant organization demonstrates expertise, experience, and the technical capacity to carry-out the evaluation plan and collect required performance measures;
- The ability and experience of the applicant organization to report data on a semi-annual basis and overcome obstacles to program evaluation;
- The extent to which the competency based assessments and evaluation tools implemented prepare students and preceptors.

Criterion 3 (b): PROJECT SUSTAINABILITY (5 points) – Corresponds to Section IV’s Impact Sub-section (b) Project Sustainability

The extent to which the applicant describes a solid plan for project sustainability after the period of Federal funding ends.

The extent to which the applicant clearly:

- Describes a plan for sustainability of the program beyond Federal funding, specifying future initiatives and strategies, the timetable for becoming self-sufficient and a description of barriers to be overcome in order to become self-sufficient;
- Describes the feasibility and effectiveness of plans for dissemination of project results;
- Describes the sustainability plan which includes the development of new clinical sites to accommodate more students with a focus on the population(s) of interest;
- Documents that project results may be regional or national in scope, the degree to which the project activities are replicable.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES (15 points) – Corresponds to Section IV’s Organizational Information, Resources and Capabilities

The applicant should describe the following:

- The extent to which the project director; project personnel, faculty, clinical preceptors and consultants are qualified by training and/or experience to implement and conduct the project; this will be evaluated both through the project narrative, as well as **Attachments 2, 7 and 8**;
- The extent to which the capabilities of the applicant organization and the quality and availability of facilities, clinical resources, libraries, computer resources, personnel and other resources to fulfill the needs and requirements of the proposed project are articulated;
- The extent to which the applicant organization provides evidence of support through established and/or planned community support and partnerships involved in the graduate nursing education program (**Attachments 2 and 6**).

Criterion 5: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s Budget Justification and SF424 budget Forms.

The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the project activities and the anticipated results, including:

- The extent to which that budget narrative describes the costs, as outlined in the

budget and the required resources sections, are reasonable given the scope of work.

- The extent to which the budget narrative describes that key personnel have adequate time devoted to the project to achieve project objectives.
- The extent to which the budget correlates with the stated project objectives for the three-year project period;
- The extent to which the proposed budget is reflective of the complexity of the activities, the evaluation plan and anticipated results and projected student enrollment;
- The extent to which the line item budget for each budget period of the proposed project period provides a clear budget justification narrative that fully explains each line item and any significant changes from one budget period to the next.

Criterion 6: PROGRAM-SPECIFIC CRITERIA (15 points) – Corresponds to Section IV's

Program-Specific Criteria

The extent to which the applicant

- Demonstrates that enrollment will be ongoing for all three years of the program and that students will be enrolled in the proposed specialty/track and involved in clinical training by January 31, 2016 (the spring semester after receiving the notice of award;
 - Describes a plan for how the applicant organization will work with the project partner(s) to integrate didactic and clinical competencies and training;
2. Demonstrates that the academic-clinical partnership(s) will collaborate to develop evidence-based models of integrated, team-based care, such as Patient Centered Medical Homes (PCMH), Accountable Care Organizations (ACO), or other innovative payment and service delivery models that address the broad range of social determinants that influence health and health outcome, for example access to specialty care, transportation, health promotion opportunities: exercise or healthy and affordable food.

3. Review and Selection Process

Please see section 5.3 of the HRSA's [*SF-424 Application Guide*](#). Applicants have the option of providing specific salary rates or amounts for individuals specified in the application budget or the aggregate amount requested for salaries.

Funding Preferences

The authorizing legislation provides a funding preference for some applicants as authorized by Section 805 of the PHS Act. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. The Objective Review Committee, with guidance from the Program Staff, will determine if the applicant requested and met the funding preference as documented in the abstract and Attachment 11. The law provides that a funding preference be granted to any qualified applicant that specifically requests the preference and meets the criteria for the preference.

Section 805 of the PHS Act provides a funding preference for applicants with projects that will:

- 1) substantially benefit rural populations, or
- 2) substantially benefit underserved populations, or
- 3) help meet public health nursing needs in State or local health departments.

To be considered for this funding preference, HRSA requests applicants note in the Project Abstract that they are requesting a funding preference, and in **Attachment 11** document how they are eligible for the funding preference and identify the requested preference, including data on how the preference is being met.

Meeting the Statutory Funding Preference:

Projects that “substantially benefit rural or underserved populations or help meet public health nursing needs in State or local health departments” are ones that will result in a “high rate” of graduates accepting positions in practice settings that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments.

“High rate” is defined as a minimum of 40 percent of graduates in academic year 7/1/2013-6/30/2014 employed in clinical practice sites substantially benefiting rural or underserved populations, or in State or local health departments. (Refer to Section *iv. Attachments – Attachment 11 – page 23*).

To demonstrate that the project "Substantially Benefits Rural Populations," the applicant can request this funding preference if:

- students will have a field placement or practicum experience in a site serving rural populations, which include at least one of the following: Rural Health Clinic, State Office of Rural Health, Critical Access Hospital (CAH), Sole Community Hospital (SCH), Medicare Dependent Hospital (MDH) or Rural Referral Center, and;
- the curriculum includes content on rural culture and other health indices specific to rural health populations and;
- the curriculum provides precepted training experiences in care of patients with complex health needs, including, social determinants that influence access to specialty care and social services and;
- a high rate of graduates go to work in a site serving rural populations.

To demonstrate that the project “Substantially Benefits Underserved Populations,” the applicant can request this funding preference if:

- the applicant organization is physically located in a health professional shortage area (HPSA), medically underserved community (MUC), or serves medically underserved populations and focuses on primary care, wellness, and prevention strategies; and
- the curriculum incorporates content addressing the cultural and health indices specific to underserved populations and;
- the curriculum provides precepted training experiences in care of patients with complex health needs, including, social determinants that influence access to specialty care and social services and;
- the organization partners with schools within Historically Black Colleges and Universities (<http://www.ed.gov/edblogs/whhbcu/about-us/>), Tribal Colleges and Universities (<http://www.aihec.org/colleges/>), Hispanic serving institutions or with other schools or consortia of schools that educate nursing students from groups underrepresented in the nursing profession (see <http://www.aacn.nche.edu/media-relations/fact-sheets/enhancing-diversity>) and;
- a high rate of graduates go to work in a site serving underserved populations.

To demonstrate that the project “Helps Meet the Public Health Nursing Needs in State or Local Health Departments,” the applicant can request this funding preference if:

- there are linkage(s) with State, local and Federal health departments for student learning experiences and;
- the curriculum concentrates on the public health sciences and prepares students with the competencies needed to work as a public health nurse and;
- the curriculum provides precepted training experiences in care of patients with complex health needs, including, social determinants that influence access to specialty care and social services and;
- a high rate of graduates go to work in a Public health facility

4. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to July 1, 2015.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of July 1, 2015. See Section 5.4 of HRSA’s [*SF-424 Application Guide*](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA’s [*SF-424 Application Guide*](#).

3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA’s [*SF-424 Application Guide*](#) and the following reporting and review activities:

- 1) **Progress Reports.** The awardee must submit a progress report to HRSA on an **annual** basis. The Bureau of Health Workforce (BHW) will verify that approved and funded applicants’ proposed objectives are accomplished during each year of the project.

The BHW Progress Report has two parts. The first part demonstrates awardee progress on program-specific goals. Awardees will provide performance information on project objectives and accomplishments, project barriers and resolutions, and will identify any technical assistance needs.

The second part collects information providing a comprehensive overview of awardee overall progress in meeting the approved and funded objectives of the project, as well as plans for continuation of the project in the coming budget period. The awardee should also plan to report on dissemination activities in the annual progress report.

Further information will be provided in the NoA.

Copies of any materials disseminated should include the following acknowledgement and disclaimer:

“This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under award number [list award number], [list title for award] for \$ [specify total award amount]. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by, HRSA, HHS or the U.S. Government.”

- 2) **Performance Reports.** The awardee must submit a Performance Report to HRSA on a semi-annual basis for each year of award funding. All BHW awardees are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). The required performance measures for this program are outlined in the Project Narrative Section IV’s Impact Sub-section (a). Further information will be provided in the NoA.

The semi-annual performance reports will cover the following reporting periods:

Semi Annual Report #1 covers activities between July 1 and December 31, 2015.

The report must be submitted by January 31, 2016.

Semi Annual Report #2 covers activities between January 1 and June 30, 2016. The report must be submitted by July 31, 2016.

- 3) **Final Report.** A final report is due within 90 days after the project period ends. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

The Final Report is designed to provide the Bureau of Health Workforce (BHW) with information required to close out an award after completion of project activities. Every awardee is required to submit a final report at the end of their project. The Final Report includes the following sections:

- Project Objectives and Accomplishments - Description of major accomplishments on project objectives.
- Project Barriers and Resolutions - Description of barriers/problems that impeded project’s ability to implement the approved plan.
- Summary Information
 - Project overview.
 - Project impact.
 - Prospects for continuing the project and/or replicating this project elsewhere.
 - Publications produced through this award activity.
 - Changes to the objectives from the initially approved award.

Further information will be provided in the Notice of Award.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Latisha Nibblett, BS
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 18-105
5600 Fishers Lane
Rockville, MD 20857
Phone: 301-443-1582
Fax: 301-443-6343
Email: lharris@hrsa.gov

Nandini Assar, PhD
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 18-105
Rockville, MD 20857
Phone: 301-443-4920
Fax: 301-443-6342
Email: nassar@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Nancy Douglas-Kersellius, MSN, RN
Nurse Consultant
Attn: Advanced Nurse Education Branch
Bureau of Health Workforce
Parklawn Building, Room 9-89
Rockville, MD 20857
Phone: 301-443-0907
Fax: 301 443-0791
Email: ndouglas@hrsa.gov

Serina Hunter-Thomas, MSA,
RN, CDR
Nurse Consultant
Advanced Nurse Education Branch
Attn: Advanced Nurse Education Branch
Bureau of Health Workforce
Parklawn Building, Room 9-89
Rockville, MD 20857
Phone: 301-443-4499
Fax: 301 443-0791
Email: shunter-thomas@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center

Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)

E-mail: support@grants.gov

iPortal: <http://grants-portal.psc.gov/Welcome.aspx?pt+Grants>

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbook (EHBs). For assistance with submitting information in HRSA's EHB, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

HRSA Contact Center

Telephone: (877) 464-4772

TTY: (877) 897-9910

Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

A technical assistance webinar has been scheduled to help applicants understand, prepare and submit an application. The webinar is scheduled for:

Thursday, December 11, 2014 from 2:00 pm to 4:00 pm ET
Adobe Connect link: <https://hrsa.connectsolutions.com/anefoata2015/>
Conference Call Dial-In Information:
Telephone number: 800-619-8525
Passcode: 9104951

The webinar will be recorded and should be available one hour after the call ends. The recording will be available until Feb. 13, 2015 at 10:59 pm central time.

Recording telephone number: 888-568-0399
Passcode: 4115

Logic Models

Additional information on developing logic models can be found at the following website:
http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a timeline used during program implementation; the work plan provides the “how to” steps. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. Information on how to distinguish between a logic model and work plan can be found at the following website: <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf>.

Program Definitions

The following definitions apply to the Advanced Nursing Education Program for Fiscal Year 2015.

“Academic Health Center” refers to an institution that includes a school of medicine, a teaching hospital, and at least one additional health education school (e.g., nursing) and which is owned and/or affiliated with clinical agencies providing for the delivery of patient services. Each entity generally maintains a separate identity and autonomy.

“Access” means to assure health care services to all by improved health professions distribution.

“Accredited” means a program accredited by a nationally recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education and when applied to a hospital, school, college, or university (or a unit thereof) means a hospital, school, college, or university (or a unit thereof) which is accredited by a recognized body or bodies, or by a State agency approved for such purpose by the Secretary of Education.

There are two forms of accreditation: (1) professional or specialized accreditation, and (2)

institutional accreditation. Professional or specialized accreditation is focused on programs of study in professional or occupational fields. Institutional accreditation is focused on the quality and integrity of the total institution, assessing the achievement of the institution in meeting its own stated mission, goals, and expected outcomes. Professional accrediting agencies assess the extent to which programs achieve their stated mission, goals, and expected outcomes. Professional accrediting agencies also consider the program's mission, goals, and expected outcomes in determining the quality of the program and the educational preparation of members of the profession or occupation.

A collegiate school of nursing must be accredited by a recognized body or bodies (i.e. Commission on Collegiate Nursing Education and/or National League for Nursing Accrediting Commission), approved by the Secretary of Education for the purpose of conducting nursing education.

“Accreditation” of health care facilities is a process of review that healthcare organizations participate in to demonstrate the ability to meet predetermined criteria and standards of accreditation established by a professional accrediting agency. Accreditation represents agencies as credible and reputable organizations dedicated to ongoing and continuous compliance with the highest standard of quality (<http://www.achc.org/getting-started/what-is-accreditation>).

“Advanced Education Nursing Program” means a program of study in a collegiate school of nursing or other eligible entity which leads to a master's and/or doctoral degree and which prepares nurses to serve as nurse practitioners, clinical nurse specialists, nurse-midwives, nurse anesthetists, nurse educators, nurse administrators, or public health nurses, or in other nurse specialties determined by the Secretary to require advanced education.

“Advanced Public Health Nurse” is a registered nurse educated at the masters or doctoral level to in a specialty that provides a foundation for planning and evaluating community/public health programs; learning about community/public health concepts, health promotion, population-level interventions, grant writing, health care systems, leadership, and health policy; addressing health disparities of vulnerable and diverse populations; and practicing and consulting in diverse and multicultural settings (<http://nursing.ucsf.edu/programs/specialties/advanced-public-health-nursing-aphn>).

“Approval” means that a specific body, committee, Board, or Commission at the Faculty, Department, School, University, or State levels has formally voted in agreement for the initiation of or a substantive change in the program. This must be documented by evidence such as copies of meeting minutes, letter from the Faculty Senate, letter from the Board of Regents, letter from the State Finance Board, and/or letter from the State Board of Nursing. Each University/College has a unique process for gaining approval to start new programs, especially new masters and doctoral programs. Examples of steps in the approval process are the following: nursing faculty curriculum committee, Faculty Senate, Board of Regents of the University, State Finance Board for Higher Education, State Board of Nursing. Applicants must list the entities whose agreement is necessary to initiate the program and enroll students in the program of study.

“Certification” means a process by which an agency or organization validates, based upon predetermined standards, an individual nurse's qualifications and knowledge for practice in a defined clinical area of nursing.

“Clinical Nursing Specialist” means a specific area of advanced clinical nursing theory and practice addressed through formal instruction to prepare advanced education nurses. Clinical nursing specialties prepare the nurse to provide direct patient/client nursing care to individuals or to population groups. A nurse completing a course of study in a clinical nursing specialty is expected to be eligible for a national certification(s) or state certification(s), when available, following graduation or required experience.

“Clinical Nursing Specialist Program” means a formal graduate-level education program that provides expertise within the CNS role, population focus and a specialty area of nursing practice. In addition to the delivery of direct patient/client care, the role may include consultative, educational, research and/or administrative components. A graduate degree is the minimum requirement for clinical nurse specialist programs.

“Collegiate School of Nursing” means a department, division, or other administrative unit in a college or university which provides primarily or exclusively a program of education in professional nursing and related subjects leading to the degree of bachelor of arts, bachelor of science, bachelor of nursing, or to an equivalent degree, or to a graduate degree in nursing, or to an equivalent degree, and including advanced training related to such program of education provided by such school, but only if such program, or such unit, college or university is accredited, as defined in section 801(6) of the PHS Act.

“Combined RN/R.N./Master’s Degree Program,” means a program of instruction when completed results in a master’s degree in nursing and licensure as a RN at or prior to the time of graduation.

“Continuing Education Program” means a formal, post-licensure education program designed to increase knowledge and/or skills of nurses. Continuing education programs may include: workshops, institutes, clinical conferences, staff development courses and individual studies. It does not include study for an academic degree, post-master’s certificate or other evidence of completing such a program.

“Disadvantaged Background” means an individual from a disadvantaged background is defined as someone who comes from an environmentally *or* economically disadvantaged background.

- 1) **Environmentally disadvantaged** means an individual comes from an environment that has inhibited him/her from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school.
- 2) **Economically disadvantaged** means an individual comes from a family with an annual income below a level based on low-income thresholds, according to family size established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of the U.S. Department of Health and Human Services, for use in all health professions programs. The Secretary updates these [income levels in the Federal Register annually](#).

The Secretary defines a “low income family/household” for various health professions programs included in Titles III, VII and VIII of the Public Health Service Act, as having an annual income that does not exceed 200 percent of the Department’s poverty guidelines. A

family is a group of two or more individuals related by birth, marriage, or adoption who live together. A *household* may be only one person.

2014 HRSA Poverty Guidelines (200% of HHS Poverty Guidelines)			
Size of parents' family*	Income Level**		
	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$23,340	\$29,160	\$26,840
2	31,460	39,320	36,180
3	39,580	49,480	45,520
4	47,700	59,640	54,860
5	55,820	69,800	64,200
6	63,940	79,960	73,540
7	72,060	90,120	82,880
8	80,180	100,280	92,220
For each additional person, add	\$8,120	\$10,160	\$9,340

* Includes only dependents listed on federal income tax forms. Some programs will use the student's family rather than his or her parents' family.

** Adjusted gross income for calendar year 2013.

SOURCE: *Federal Register*, Vol. 79, No. 77, April 22, 2014, pp. 22506 - 22507

The following are provided as **examples** of a disadvantaged background. **These examples are for guidance only and are not intended to be all-inclusive. Each academic institution defines the below mentioned “low” rates based on its own enrollment populations. It is the responsibility of each applicant to clearly delineate the criteria used to classify student participants as coming from a disadvantaged background.** The most recent annual data available for the last four examples below can be found on your state's Department of Education website under your high school's report card.

- The individual comes from a family that receives public assistance (e.g., Temporary Assistance to Needy Families, Supplemental Nutrition Assistance Program, Medicaid, and public housing).
- The individual is the first generation in his or her family to attend college.
- The individual graduated from (or last attended) a high school with low SAT scores, based on most recent annual data available:
- The individual graduated from (or last attended) a high school that—based on the most recent annual data available— had either a:
 - low percentage of seniors receiving a high school diploma; or
 - low percentage of graduates who go to college during the first year after graduation.
- The individual graduated from (or last attended) a high school with low per capita funding.

- The individual graduated from (or last attended) a high school where—based on the most recent annual data available— many of the enrolled students are eligible for free or reduced-price lunches.

“Diversity” refers to the multiplicity of human differences among groups of people or individuals. Increasing diversity means enhancing an individual’s, group’s or organization’s cultural competence; in other words, the ability to recognize, understand, and respect the differences that may exist between groups and individuals. Increasing diversity in the health care workforce requires recognition of many other dimensions, including, but not limited to sex, sexual orientation and gender identify, race, ethnicity, nationality, religion, age, cultural background, socio-economic status, disabilities, and language.

“Doctoral Program in Nursing” means a program of instruction beyond the baccalaureate and master’s degrees in nursing (e.g., PhD, DNS, DSN, DNSc, DNP). Doctoral programs in nursing fall into two principal types: research-focused and practice-focused.

“Enhancement” means the strengthening and improving of the quality of advanced education nursing programs.

“Full-time Educational Program” means an educational program that provides for a full-time program of study as defined by the institution. Students progressing through the program are able to enroll on a full-time basis to complete the program in a timely manner. Students in such a program may be part-time or full-time.

“Graduate” means an individual who has successfully completed all institutional requirements necessary to be granted a degree/certificate.

“Health Professional Shortage Areas” (HPSAs) are areas, population groups, or facilities designated by the Secretary as a HPSA, based on the ratio of available providers to the number of people in the area, or to a population group, or to the number of those served by the facility. There are primary care, dental and mental health HPSAs. See <http://bhpr.hrsa.gov/shortage/hpsas/index.html> for additional information.

“Local Government” means a local unit of government, including specifically a county, municipality, city, town, township, local public authority, school district, special district, intra-State district, council of governments (whether or not incorporated as a nonprofit corporation under State law), any other regional or interstate entity, or any agency or instrumentality of local government.

“Medically Underserved Areas (MUAs)” are counties, a group of counties or civil divisions, or a group of urban census tracts in which residents have a shortage of personal health services. MUAs are designated based on the Index of Medical Underservice. See <http://www.hrsa.gov/shortage/mua/> for additional information.

“Medically Underserved Community (MUC)” is a geographic location or population of individuals that is eligible for designation by a state or the federal government as a Health Professional Shortage Area, Medically Underserved Area, Medically Underserved Population, or Governor’s Certified Shortage Area for Rural Health Clinic purposes. MUC also includes

populations who are homeless, residents of public housing, and migrants.

“Medically Underserved Populations (MUPs)” are federally-designated population groups having a shortage of personal health services, often defined as groups who face economic, cultural, or linguistic barriers to health care. MUPs are designated based on the Index of Medical Underservice. See <http://www.hrsa.gov/shortage/mua/> for additional information.

“Midwife” is not a registered nurse, but may hold other professional designations as a health care provider such as a physician assistant or physical therapist. A midwife, without being a registered nurse, can become certified and licensed to practice in New York, New Jersey and Rhode Island.

“Nurse Administrator” means a registered nurse who has successfully completed a master’s and/or doctoral degree program of study designed to prepare nurses for leadership positions in administration in a variety of health care systems.

“Nurse Anesthetist” means a registered nurse who has successfully completed a nurse anesthetist education program.

“Nurse Educator” means a registered nurse who is prepared through master’s and/or doctoral education in nursing to transfer knowledge about the science and art of nursing from the expert to the novice in a variety of academic, clinical and lay educational settings with attention to life-long learning needs of professional nursing students and advanced practice nurses and students. The nurse educator can be prepared in an area of advanced nursing practice.

“Nurse-Midwife” means a registered nurse educated in the two disciplines of nursing and midwifery that has successfully completed a nurse-midwifery education program accredited by Accreditation Commission on Midwifery Education (ACME) of the American College of Nurse-Midwives. Following ACME certification, the nurse-midwife has ability to provide independent management of primary health care for women in the context of family-centered care focusing particularly on pregnancy, childbirth, the postpartum period, care of the newborn, and the family planning and gynecological needs of women within a health care system that provides for consultation, collaborative management or referral as indicated by the health status of the client. This ability includes the: assessment of the health status of women and infants, through health and medical history taking, physical examination, ordering, performing, supervising and interpreting diagnostic tests and making diagnoses; institution and provision of continuity of primary health care to women and referral to other health care providers as appropriate; prescription of pharmacological and non-pharmacological therapeutics, consistent with current standards of care; provision of instruction and counseling to individuals, families, and groups in the areas of promotion and maintenance of health and disease prevention by actively involving these individuals in the decision making and planning for their own health care; and collaboration with other health care providers and agencies to provide and coordinate services to individual women, children, and families.

“Nurse Practitioner” means a registered nurse who has successfully completed a Nurse Practitioner Program, as defined below, who can deliver primary and acute care services but may have a primary focus on either primary or acute care in a variety of settings, such as homes, ambulatory care facilities, long-term care facilities, and acute care facilities, using independent

and interdependent decision making with direct accountability for clinical judgment. The health care services to be provided include: assessment of the health status of individuals and families through health and medical history taking, physical examination, ordering, performing, supervising, and interpreting diagnostic tests and making diagnoses; management of acute episodic and chronic illnesses; institution and provision of continuity of primary health care to individuals and families and referral to other health care providers when appropriate; prescription of treatments including pharmacological and non-pharmacological therapeutics, consistent with current standards of care; provision of instruction and counseling to individuals, families, and groups in the areas of promotion and maintenance of health and disease prevention, by actively involving these individuals in the decision making and planning for their own health care; and collaboration with other health care providers and agencies to provide, and where appropriate, coordinate services to individuals and families.

“Nursing Center” means an organization in which the client has direct access to professional nursing service. Nurses in these centers are responsible and accountable for diagnosing, treating, and promoting health and optimal functioning of the client. Overall center accountability remains with the nurse executive. Nursing centers are commonly referred to as nurse-managed clinics, community nursing centers, nursing clinics, or nursing practice arrangements.

“Post-Master's Nursing Certificate Program” means a formal, post-graduate program for Registered Nurses with master's degrees that awards a certificate and academic credit that is documented on a graduate transcript from the school for completion of the program of study as a Nurse Practitioner or Nurse-Midwife; or clinical nurse specialist, or other advanced level nursing program of study.

“Preceptor” is a nurse practitioner or nurse-midwife or other health professional responsible for specific aspects of the clinical learning experience. The preceptor is responsible for the daily teaching and assignment of individuals to be cared for, supervision, and participation in the evaluation of the nurse practitioner or nurse-midwifery student. The preceptor teaches, supervises, and evaluates the student and provides the student with an environment that permits observation, active participation, and management of primary health care.

“Preceptorship” means a clinical learning experience in which the student is assigned to a faculty member or with oversight by program faculty to a designated preceptor. The preceptorship provides the student with practice experiences conducive to meeting the defined goals and objectives of the particular clinical course. Before and during this preceptorship, the program faculty visit and assess the clinical learning sites and prepare the clinical faculty/preceptors for teaching their students.

“Primary Care” means the provision of integrated, accessible health care services by clinicians, including nurse practitioners and nurse-midwives, who are accountable for addressing a large majority of personal health care needs within their scopes of practice, developing a sustained partnership with clients, and practicing in the context of family and communities. Critical elements also include accountability of clinicians and systems for quality of care, consumer satisfaction, efficient use of resources, and ethical behavior. Clients have direct access to an appropriate source of care, which continues over time for a variety of problems and includes needs for preventive services. The Guidelines use “Primary Care” and “Primary Health Care” interchangeably. (Definition adapted from Barbara Starfield, Primary Care Concept, Evaluation,

and Policy, Oxford University Press, New York, 1992 p. 4 and Institute of Medicine: Moila S. Donaldson, Karl D. Yordy, Kathleen N., and Neal A. Vanselow, Editors, Committee on the Future of Primary Care, Division of Health Care Services, Primary Care: America's Health in a New Era, Summary, National Academy Press, Washington, DC, 1996, p. 23.)

“Primary Health Care” means care which may be initiated by the client or provider in a variety of settings and which consists of a broad range of personal health care services including:

- (1) Promotion and maintenance of health;
- (2) Prevention of illness and disability;
- (3) Basic care during acute and chronic phases of illness;
- (4) Guidance and counseling of individuals and families;
- (5) Referral to other health care providers and community resources when appropriate; and,
- (6) Nurse-midwifery services when appropriate.

In providing such services:

- (1) Physical, emotional, social, and economic status, as well as the cultural and environmental backgrounds of individuals, families and communities (where applicable) are considered;
- (2) The client is provided access to the health care system; and
- (3) A single provider or team of providers, along with the client, is responsible for the continuing coordination and management of all aspects of basic health services needed for individual and family care.

“Professional Nurse” means a registered nurse who has received initial nursing preparation from a diploma, associate degree, or collegiate school of nursing and who is currently licensed in a State to practice nursing.

“Program” means a combination of identified courses and other educational or training experiences at a specified academic level, the sum of which provides the required competencies to practice.

“Program for the Education of Nurse Practitioners or Nurse-Midwives” means a full-time educational program for registered nurses (irrespective of the type of school of nursing in which the nurses received their training) which meets the regulations and guidelines prescribed by the Secretary and which has as its objective the education of nurses who will, upon completion of their studies in such program, be qualified to effectively provide primary health care, including primary health care in homes and in ambulatory care facilities, long-term care facilities, where appropriate, and other health care institutions. Or if a generic or entry-level master’s program, the individual must be eligible for licensure as a registered nurse prior to or upon graduation.

“Project” means all proposed activities, including educational programs, specified or described in an application as approved for funding.

“Public Health Nursing” is a specialty practice within nursing and public health. It focuses on improving population health by emphasizing prevention, and attending to multiple determinants of

health. Often used interchangeably with community health nursing, this nursing practice includes advocacy, policy development, and planning, which addresses issues of social justice. With a multi-level view of health, public health nursing action occurs through community applications of theory, evidence, and a commitment to health equity (American Public Health Association, Public Health Nursing Section, 2013).

“Quality Improvement” means an organizational philosophy that seeks to meet client needs and expectations with the minimum of effort or rework or waste, by using a structured process that selectively identifies and improves all aspects of care and service on an ongoing basis.

“Race” according to standards for the classification of federal data on race and ethnicity from OMB, five minimum categories on race exist: American Indian or Alaska Native, Asian, Black or African-American, Native Hawaiian or Other Pacific Islander, and White. The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting are defined as follows:

- American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African-American. A person having origins in any of the Black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African-American.”
- Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Note: See “Ethnicity” for definitions of Hispanic or Latino ethnicity.

“Racial and Ethnic Minority Group” means American Indians (including Alaska Natives, Eskimos, and Aleuts); Asian Americans; Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics.

Minority/Minorities refer to individual(s) from a racial and ethnic minority group.

Underrepresented Minority is an individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of that racial and/or ethnic group in the general population.

For the purposes of the health professions, BHW considers individuals who are from the following racial and ethnic backgrounds to be underrepresented: Black or African American; Hispanic (all races); Native Hawaiian or Other Pacific Islander; American Indian or Alaska Native.

“Registered Nurse” means a person who has graduated from a school of nursing and is licensed to practice as a registered or professional nurse in a State.

“Rural Area” means an area other than a Metropolitan Statistical Area (MSA) as designated by the Office of Management and Budget (OMB) based on current census data. Census tracts in certain metropolitan areas may also be eligible if they are located at a significant distance from the major city in the Standard Metropolitan Area (SMA).

“Rural Clinical Experience” means a structured primary care clinical experience in any appropriate outpatient, home health, public health agency setting, nursing center or hospital located in a rural area.

“Rural Health Facility” means a hospital of less than 100 beds or other patient care facility located outside Office of Management and Budget (OMB) designated metropolitan areas. Census tracts in certain metropolitan areas may also be eligible if they are located at a significant distance from the major city in the Standard Metropolitan Area (SMA).

“School of Nursing” means a collegiate, associate degree, or diploma school of nursing, as defined in Section 801(2) of the PHS Act.

“School of Public Health” means a school which provides education leading to a graduate degree in public health and which is accredited by a recognized body or bodies approved for such purpose by the Secretary of Education.

“Social Determinants of Health” are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

“State” means, for the purposes of Title VIII, the government of any of the several States of the United States, the Commonwealth of Puerto Rico, the District of Columbia, the Commonwealth of the Northern Mariana Islands, Guam, American Samoa, the Virgin Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, the Republic of Palau.

IX. Tips for Writing a Strong Application

See section 4.7 of HRSA’s [*SF-424 Application Guide*](#).

HRSA has designed a technical assistance webpage to assist applicants in preparing applications. Resources include help with system registration, finding and applying for funding opportunities, writing strong applications, understanding the review process, and many other topics which applicants will find relevant. The website can be accessed online at: <http://www.hrsa.gov/grants/apply/index.html>.

A concise resource offering tips for writing proposals for HHS awards and cooperative agreements can be accessed online at: <http://dhhs.gov/asfr/ogapa/grantinformation/apptips.html>

In addition, BHW has developed a number of recorded webcasts with information that may assist you in preparing a competitive application. These webcasts can be accessed at: <http://bhpr.hrsa.gov/grants/technicalassistance/index.html>.